**Boards in Common Paper F6**

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| **Meeting title:** | Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together | | | | | |
| **Date of the meeting:** | 11 June 2026 | | | | | |
| **Title:** | **Escalation Report: Our Future Hospitals and Transformation Committee - 27 May 2026** | | | | | |
| **Report presented by:** | Mr D Moon, OFH&TC Non-Executive Director Member | | | | | |
| **Report written by:** | Alison Moss, Corporate and Committee Services Officer | | | | | |
| **Action – this paper is for:** | Decision/Approval | | Assurance | X | Update | |
| **Which Group Priorities does this link to** | Transform patient care | x | Strengthen our culture | | Deliver our financial plan | x |
| **Where this report has been discussed previously** | Not applicable | | | | | |

| **To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which** |
|---|
| BAF Risk 6(1) – Digital Capability & Transformation<br>BAF Risk 6(2) – Cyber Security & Digital Resilience<br>BAF Risk 8(1) – Estate Safety, Compliance & Service Capacity |

| **Impact assessment** |
|---|
| N/A |

## Purpose of the Report

To provide assurance to the Trust Board on the work of the Our Future Hospitals and Transformation Committee (OFHTC) and escalate any issues as required.

## Recommendation

To note the Escalation Report and the approve the Committee's Annual Report.

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST AND UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE GROUP**

**BOARD OF DIRECTORS**
**11 JUNE 2026**

## 1. Summary

The Committee met on 27 May 2026. The meeting was quorate and considered the following reports.

## 2. Discussion Items

### 2.1 Board Assurance Framework (BAF)

The Committee received the refreshed BAF noting the risks within its remit.

### 2.2 System Wide Digital Capability & Maturity Assessment *(in mitigation of BAF Risk 6(1))*

The Committee considered the 'Model Ward' approach to assessing and improving digital capability across the organisation. The model aims to maximise time spent on patient care while minimising manual and paper-based processes, supported by improved digital capability across software, hardware, and training. There will be ward-level and role-based personas to understand variation in operational requirements and map digital capability against real-world clinical practice. The model will provide visibility of digital maturity at ward level, track progress against transformation objectives and support prioritisation of improvement actions.

The Committee requested that the proposal be refined, with a clearer articulation of its practical use and value, and brought back to the Committee within the next six months.

### 2.3 Electronic Patient Record (EPR) Usage Statistics *(in mitigation of BAF Risk 6(1))*

The Committee noted EPR usage statistics and actions to incorporate measurement in further rollout of technologies such as Ambient Voice Technology. Overall adoption is strong, with approximately 82% adoption and high engagement levels, enabling the team to identify where system usage dropped off and target improvement actions.

The Committee requested quarterly updates aligned with the PAS and planned care updates.

### 2.4 Our Future Hospitals (Ofh) Programme (in mitigation of BAF Risk 8(1) Estate Safety, Compliance & Service Capacity)

The Trust hosted a visit from the National Hospital Programme team in May 2026, which had been positive and confirmed that Wave 2 and 3 schemes are now progressing, with development of a programmatic plan across schemes based on readiness. UHL remains well positioned within the Programme.

Live schemes within the OFH portfolio are progressing well, remaining on track in terms of scope and programme.

The Committee supported the proposed approach to the LRI multi-storey car park. A viability assessment had explored third-party financed Public, Private, Partnership options, including both concession and lease models. The recommendation was for the Trust to proceed with a capital-funded solution through the NHP for patient and visitor parking and continue to explore alternative arrangements for staff parking.

**2.5 Clinical Risk Mitigation** *(in mitigation of BAF Risk 8(1) Estate Safety, Compliance & Service Capacity)*

The Committee received an update on progress against the nine recommendations arising from the Clinical Risk Review. Work continued across CMGs and the Ofh team, with several recommendations progressing through wider Clinical Strategy workstreams and enabling programmes. The Committee, noting the importance of maintaining oversight and tracking progress against the recommendations, requested quarterly updates.

**2.6 Annual Report of OFHTC and review of Committee Effectiveness**

This report is appended.

Appendix 1

**Our Future Hospitals and Transformation Committee Annual Report 2025-26**

## 1. Introduction

The OFHTC's terms of reference require that the Committee produce a report on an annual basis, providing an overview of its effectiveness in undertaking its duties and its compliance with its Trust Board-approved terms of reference.

The Committee's terms of reference were most recently updated in November 2023. It was subsequently anticipated they would be updated as part of an internal review of the overall programme structure and governance. This will now be incorporated into a wider review of joint governance arrangements between University Hospitals of Northamptonshire and UHL.

## 2. Meeting Attendance

During 2025/26 OFHTC met on 12 occasions. The Committee membership, as agreed in November 2023, consists of 3 Non-Executive Directors, Deputy Chief Executive, Chief Information Officer, Director of Estates and Facilities, Medical Director, and Chief Financial Officer.

Members are required to attend a minimum of 75% of meetings on a rolling 12-month basis. Attendance throughout the period was as follows

| Voting Members | Role | Possible | Actual | % attendance |
|---|---|---|---|---|
| A Haynes (Chair) | Chair - Non-Executive Director | 12 | 11 | 92 |
| S Adams *(from May 2025)* | Non-Executive Director | 11 | 11 | 100 |
| D Moon | Non-Executive Director | 12 | 12 | 100 |
| T Robinson | Deputy Chief Executive | 12 | 5 | 42 |
| S Barton | Chief information Officer | 12 | 8 | 67 |
| L Bond | Chief Financial Officer | 12 | 6 | 50 |
| N Bond *(until June 2025)* | Acting Director of Estates & Facilities | 3 | 0 | 0 |
| A Carruthers / W Monaghan | Group Chief Information Officer | 12 | 12 | 100 |
| A Furlong *(until February 2026)* | Medical Director | 11 | 5 | 45 |
| B Widdowson *(from July 2025)* | Director of Estates and Facilities | 11 | 8 | 73 |
| Gang Xu *(from March 2026)* | Medical Director | 1 | 0 | 0 |

The OFHTC quorum is 4 core members to include 2 Non-Executive Directors and both the Deputy Chief Executive (or Our Future Hospitals Programme Director) and Chief Information Officer (or deputy). The meetings held were quorate.

OFHTC Chair presents a written escalation report of its meetings to the Trust Board, aligning the discussions to the BAF risks within its remit and highlighting information needing to be flagged to the Trust Board.

## 3. Effectiveness of OFHTC in delivering its Core Functions

This section provides an overview of the core areas where the Committee is expected to operate its function and provides assurances that the Committee has fulfilled its duties. ***The position listed below reflects the terms of reference effective from November 2023.***

The purpose of the Committee is to provide an assurance role in relation to the delivery of the Trust's wider transformation programme which incorporates the New Hospitals Programme and IT and Digital transformation. The Committee will therefore set the direction and oversee the delivery of those programmes on behalf of the Board. The Committee will also provide an assurance role in the progress and delivery of the Trust's One Digital Strategy.

| **General Composition and establishment** | | Yes | No |
|---|---|---|---|
| 1 | Does the Committee have written terms of reference and have they been approved by the Trust Board? | ✓ | |
| 2 | Are the terms of reference reviewed annually? | | ✓ |
| 3 | Has the Committee formally considered how it integrates with other committees that are reviewing risk? | ✓ | |
| 4 | Are the outcomes of each meeting and any formal recommendations reported to the next Trust Board meeting? | ✓ | |
| 5 | Does the Committee prepare an annual report on its work and performance for the Trust Board? | ✓ | |
| 6 | Has the Committee established a work programme for the year? | ✓ | |
| 7 | Are Committee papers distributed in sufficient time for members to give them due consideration? | ✓ | |

The Committee's terms of reference were to be reviewed in summer 2024. However, due to the prolonged period of uncertainty regarding New Hospital Programme this has been delayed. The Trust's Our Future Hospitals Programme has been deferred. The Trust will be required to submit a Full Business Case in 2028 and it is anticipated the construction on the main programme will not commence until 2030.

The Board Assurance Framework risks that are within its remit are considered at each meeting.

Subject to availability, the agenda and papers are usually circulated 3 days prior to each meeting via the electronic Board portal. In the event of exceptional circumstances, the Committee Chair would be requested to agree to a report relating to an additional agenda item being circulated at short notice.

| **Specific Duties of the Committee:** | | Yes | No |
|---|---|---|---|
| | **Future Hospitals programme** | | |
| 6.1 | Receive quarterly updates (minimum) on the New Hospitals Programme, focusing on assurance and any identified risks to the programme and mitigations in place. | ✓ | |
| 6.2 | Review future hospitals business cases to assure itself and the Board re: the transformation elements of those business cases. Approval of those business cases will be through the Finance and Investment Committee and the Board in line with UHL governance processes | ✓ | |
| 6.3 | Be sighted to any external reports (national, audit, etc) which are within the Committee's remit. | ✓ | |
| 6.4 | Ensure robust and effective governance arrangements are implemented to oversee the delivery of the programme, incorporating the clear sign off of any external reporting. | ✓ | |

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| | **Transformation** | | |
| 6.5 | Maintain oversight of the trust wide transformation programme, receiving regular updates on the progress made. All transformation which is specific to areas, for example operations or workforce, will also be reported through the associated committees for assurance. | ✓ | |
| 6.6 | Receive updates on the digital programmes supporting transformation and reconfiguration, including forthcoming milestones and those achieved since the last report, and associated risks | ✓ | |
| 6.7 | Monitor progress against the delivery of the Trust's IM&T strategy | ✓ | |
| 6.8 | Review regular updates providing assurance on the delivery of the EPR programme via the eHospital Board, noting where any items may be off track and what the controls are in place to manage any risk to delivery | ✓ | |
| 6.9 | Receive and support the Trust's transformation programme | ✓ | |
| | **Deep Dives** | | |
| 6.10 | Undertake a 'deep dive' into areas where the committee sees appropriate | ✓ | |
| | **Core responsibilities and sub group reporting** | | |
| 6.11 | Have visibility and oversight of a clear process for sign-off of reports within the Committee's remit which are sent externally | ✓ | |
| 6.12 | Review project initiation documentation for programmes/projects within the Committee's remit, providing clarity to the Committee on the scope, rationale, and intended impact of the project, together with a clear evaluation framework including an annual report and/or close-down report for each such project | ✓ | |
| 6.13 | Review and support the Trust's core strategies associated within the Committee's remit | ✓ | |
| 6.14 | Monitor, review and assess the level of assurance received on the reconfiguration and transformation (including digital) related risks, controls and governance processes identified in the Board Assurance Framework delegated to the Committee by the Board, providing reports to the Board and/or Audit Committee when requested. | ✓ | |
| 6.15 | Review the reporting subcommittee structure to ensure both efficiency and effectiveness of reporting, including any addition of new sub groups or working groups as required | ✓ | |
| 6.16 | Escalate issues of concern requiring Board attention | ✓ | |
| 6.17 | Develop and maintain an annual work programme to reflect and enable assurance in relation to the above duties | ✓ | |
| 6.18 | Annually review the Committee terms of reference to ensure they remain fit for purpose and align with annual work programme | | ✓ |
| 6.19 | Produce an annual report incorporating its effectiveness to adhere to the duties placed upon it | ✓ | |

4. **Operation of the Committee**

The Non-Executive Directors and Lead Executives on OFHTC were asked for their feedback on the operation of the Committee. The findings are noted below.

| Theme 1 – Composition, Establishment and Duties | |
|---|---|
| **1. Terms of reference approved by Board** | **Overall: Strongly Agree**<br>Comment: Terms of Reference confirmed in place and last reviewed November 2023. |
| **2. Terms of reference reviewed annually** | **Overall: Mixed (Agree / Disagree)**<br>Comment: Some concern that annual review is not consistently evidenced; should be embedded in governance cycle. |
| **3. Outcomes reported to Board** | **Overall: Strongly Agree**<br>Comment: Reporting route to the Board is effective; template improvements noted as helpful. |
| **4. Annual report to Board** | **Overall: Agree (with some uncertainty)**<br>Comment: Process appears in place, though not all members feel sighted on it. |
| **5. Annual work plan in place** | **Overall: Agree / Strongly Agree**<br>Comment: Forward plan supports focus; generally considered effective. |
| **6. Papers circulated in good time** | **Overall: Agree / Strongly Agree**<br>Comment: Papers usually timely; late papers should remain the exception. |
| **Theme 2 – Committee Focus** | |
| **7. Members contribute regularly** | **Overall: Agree / Strongly Agree**<br>Comment: Active participation noted; discussion generally inclusive and not dominated by a few individuals. |
| **Theme 3 – Committee Team Working** | |
| **8. Appropriate balance of skills and experience** | **Overall: Agree / Strongly Agree**<br>Comment: Balance broadly appropriate; limited specialist digital NED experience highlighted. |
| **9. Executive director attendance supports understanding** | **Overall: Strongly Agree**<br>Comment: Appropriate executive input generally present and supports effective scrutiny. |
| **10. Management briefing on risks and controls** | **Overall: Agree / Strongly Agree**<br>Comment: Risks and control gaps usually presented clearly. |
| **11. Environment supports open discussion** | **Overall: Strongly Agree**<br>Comment: Positive culture enabling open discussion and challenge; chair facilitates this well. |
| **Theme 4 – Committee Effectiveness** | |
| **12. Quality of papers supports effective role** | **Overall: Agree**<br>Comment: Papers generally good; strongest papers clearly articulate decision/assurance required. |
| **13. Members provide constructive challenge** | **Overall: Agree / Strongly Agree**<br>Comment: Genuine challenge evident, though should be protected as agendas become busier. |

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| **14. Debate is allowed to flow** | **Overall: Strongly Agree**<br>Comment: Discussions not unduly curtailed; good balance achieved. |
| **15. Summary reporting to Board** | **Overall: Strongly Agree / Agree**<br>Comment: Written summaries in place and provide appropriate escalation route. |
| **Theme 5 – Committee Engagement** | |
| **16. Committee challenges management/assurance providers** | **Overall: Agree / Strongly Agree**<br>Comment: Appropriate challenge provided where clarity or assurance is required. |
| **Committee Leadership** | |
| **17. Chair has positive impact** | **Overall: Strongly Agree**<br>Comment: Broad consensus that Chair positively influences performance. |
| | |
| **18. Meetings chaired effectively** | **Overall: Strongly Agree**<br>Comment: Good balance between pace and allowing discussion. |
| **19. Chair visible and approachable** | **Overall: Agree / Strongly Agre** |
| **20. Chair enables open debate** | **Overall: Strongly Agree**<br>Comment: Chair allows discussion without over-direction. |
| **21. Chair reporting to Board is clear** | **Overall: Strongly Agree / Agree**<br>Comment: Board reporting is clear and highlights key issues appropriately. |

**Summary**

The committee is **functioning effectively overall**, with consistently strong scores across most domains.

- Key strengths include:
  - Effective **chairing and leadership**
  - **Open and constructive culture**
  - Strong **Board reporting and assurance processes**
- Areas for improvement:
  - Ensure **annual ToR review** is consistently evidenced
  - Continue to **minimise late papers**
  - Maintain focus of papers on **clear decisions, assurance or steer required**
  - Consider **strengthening specific expertise (e.g. digital)**